

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13631

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5

FILED MAY 15 1953

BIRTH NO. ... REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 4291 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty 6000	
d. FULL NAME OF HOSPITAL OR INSTITUTION IOOF Home		d. STREET ADDRESS (If rural, give location) RR 3	
3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) G. B. c. (Last) Kermtz		4. DATE OF DEATH (Month) (Day) (Year) May 11, 1953	
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH May 8, 1878
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	11. BIRTHPLACE (State or foreign country) 9 Unknown
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Kermtz	
13b. MOTHER'S MAIDEN NAME Ernestine Mausch		14. NAME OF HUSBAND OR WIFE ----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS IOOF Home records Liberty, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 2 mo		19a. DATE OF OPERATION 0	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1900, to May 10, 1953, that I last saw the deceased alive on May 10, 1953, and that death occurred at 6:50 PM, from the causes and on the date stated above.			
23a. SIGNATURE <u>Wesley Sadson</u> (Degree or title)		23b. ADDRESS Liberty Mo	
23c. DATE SIGNED 7/7/53		24a. BURIAL, CREMATION, REMOVAL (Specify) removal	
24b. DATE 5-13-53		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE REC'D BY LOCAL REG. May 13-1953		REGISTRAR'S SIGNATURE <u>Dominic Haynes</u> 64-1 Funeral Director's Signature <u>Liberty Home</u> Liberty, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 27 1958

MAY 21 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed:  _____

Licensed Embalmer No. 4534

P. O. Address Heidy

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.